PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

TREM - 0001

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			16		2 14		Ī	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		• 8			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0		ŀ	X40=		OR	X80=	
MU	TIPLE DEPEN	DENT CLAIM P	RESENT	ESENT				+135=			+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	7/7
CLAIMS AS AMENDED - PART II								TOTAL		OR	OTHER	7/0
(Column 1) (Column 2) (Column								SMALL ENTITY			SMALL ENTITY	
AMENDMENT A	eranin in in	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01 4114]=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM			+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											ADDIT: 1 CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NS N	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	√X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							L	TOTAL ODIT. FEE		ΔD	TOTAL	
	(Oalum 14)									Un	ADDIT. FEE	
	6	(Column 1) CLAIMS	2885-286	HIG	ımn 2) HEST	(Column 3)	1 6		ADDI	ľ	r	ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	ENTATION OF M	IULTIPLE DEPENDEN		IT CLAIM	CLAIM,				Un		
	If the entry in cal-	ımp 1 is loss than	the enter in eater	mn Oi	to HO# !	l Numa O		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	imber Previously I nber Previously Pa	aid For" (Total o	o opace r Indepen	: is less tha dent) is the	an 3, enter "3." e highest numbe			oropriate bo	x in co	iumn 1.	